



Hawaii IPA Newsletter

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A Message from the President, Dr. Nadine Tenn Salle

Aloha:

Let me introduce myself. My name is Nadine Tenn Salle. Like many of you I am a private practicing physician. My road to medicine was somewhat unique. I transitioned to medical practice after working for years on the mainland as a Project Electrical Engineer. I earned my medical degree from the University of Southern California and completed residency at the University of Hawaii Internal Medicine-Pediatrics Residency Program.

My post-graduate career has included work as a Hospitalist and now as a Queens Medical Center based private practitioner. I also devote distinct part of my professional time to serve with the Honolulu Sex Abuse Treatment Center as a forensic physician, as clinical faculty for the John A. Burns School of Medicine and on the admissions panel for the Imi Ho'ola Native Hawaiian Program. I am presently on the QMC Executive Board for Pediatrics and have been a Hawaii IPA board member since 2005.

On a more personal note, I was born and raised in New York City and have called Hawaii home for more than a dozen years. I was married here and my two young boys were born here. My family roots include Chinese immigrants who settled on the North Kohala shores of the Big Island and family who were born in the Caribbean Isles.

As many of you know, the Hawaii IPA began with a vision to have physicians help (other) physicians. I am committed to expanding this focus to help the Hawaii IPA grow into a healthcare organization which is ready to:

1. establish and implement healthcare solutions for the medical home statewide, and
2. encourage collaborative efforts among Hawaii's physicians to implement these programs,
3. serve as an organization which can facilitate the issue of fair physician reimbursement,
4. maximize use of the medical health technology,
5. exert political influence within the medical community to effect positive

change for both physicians and the patients we care for.

I will accomplish this with an ensemble/team that has committed itself to the goals that I have described here. All are committed individuals that give freely of their time and busy schedules to help independent physicians statewide.

In 2010 and beyond, you will have regular communication from the Hawaii IPA. It will come via our newsletter, updates on our website, via email and through focused conferences. I hope you will begin to look to Hawaii IPA for reliable, relevant information on the state of healthcare in Hawaii and I especially look forward to hearing from you.

Nadine Tenn Salle, MD, FAAP
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A Message from the Executive Director, William Donahue

HMSA's new proposed reimbursement model, the "Medical Home" model, is not an idea coming out of left field. The "Medical Home" model is being embraced by the federal government and insurers across the country. Among the issues the Medical Home model is designed to address are three fundamental issues that the healthcare delivery and financing system is facing: Primary Care practices are overworked and underserved; the population of patients with chronic diseases is expanding along with the scope of treatments for those chronic diseases; and that the Medicare population is increasing as patients are living longer with increasingly complex medical problems.

The managed care strategies that have been used in the past, including insurer/health plan based utilization control and care management, are simply not enough to contain costs while continuing to provide high-quality care to individual patients. The Medical Home approach to primary care physician reimbursement is based on the physician's efforts to coordinate the care of their patients as well as make sure that their patients receive preventative screening measures and ongoing and regular treatment for their chronic diseases. Unlike the old HMO "gatekeeper" approach, primary care doctors will not bear financial risk for their patient panel. Rather, doctors will be accountable for their own performance in the treatment of their patients, and for coordinating the care of specialists and other caregivers within the system.

The Hawaii IPA is in the process of engaging HMSA to discuss these proposed changes to reimbursement. We are also, simultaneously, meeting with our Member Physicians, and other doctors across Hawaii, to understand their concerns and get the benefit of their thinking. The Hawaii IPA's role in this process will be that of an advocate for physicians for higher, better, and more focused reimbursement and quality awards, creating the best conditions to allow physicians to remain in the private practice of medicine in Hawaii, and putting the physician in the position to act as his or her patient's most knowledgeable advocate.

We know that most of you are in solo practice or in a small group or space sharing arrangement. We know that most of you don't know what kind of changes you will need to make to your practice in order to adapt to the new Medical Home model. We know that you will need help.

That is why the Hawaii IPA is telling HMSA that there needs to be a role for physician organizations, like your Hawaii IPA, to work with you and your staff to bring you up to speed with the Medical Home model and help you make it work for you clinically and financially. Hawaii IPA will be with you and your staff each step of the way, ready to give you as much help as you need.

In closing I'd like to address a fundamental question that I'm sure has occurred to many of you: Why is Hawaii IPA cooperating with HMSA so closely in helping to bring about this new reimbursement model? If it's good for HMSA, how can it be good for the average doctor?

Hawaii IPA has been one of HMSA's most constant and vocal critics. In the past, when it has become clear that a new HMSA policy would disadvantage our Member Physicians, we went to great lengths to organize and voice our opposition. And, in the future, I am absolutely sure that there will be issues that Hawaii IPA and HMSA disagree on - its simply in the nature of what they are, and what we are. But right now, during this period of economic retrenchment and tremendous change across the entire healthcare delivery and financing landscape, HMSA is reaching out to Hawaii physicians and asking for your ideas and your cooperation. The Medical Home model is part of that process. That means working with HMSA, because the alternative is to simply sit on the sidelines and then live with whatever policies the insurers and the government decide are best. If change is inevitable, and it is, Hawaii IPA and its Member Physicians need to roll up our collective sleeves and get to work laying the foundation for Hawaii's new method for healthcare delivery and reimbursement.

Bill can be reached at wdonahue@hipadocs.com or at (808) 383-5534.

Hawaii IPA Board 2010/2011

The Hawaii IPA is excited to announce its new slate of Board officers for 2010/2011. Dr. Nadine Tenn-Salle, Pediatrician at Queen's Hospital, has been elected Hawaii IPA President. Drs. Peter Galpin and David Saito will serve as Vice-Presidents in support of Nadine and Dr. Greigh Hirata will perform the dual responsibilities of Secretary/Treasurer for our organization. In the first months of her responsibilities as President, Dr. Tenn-Salle has begun the process of reviewing all of Hawaii IPAs priorities and programs in support of our core mission, "Physicians helping Physicians better care for the people of Hawaii."

Introduction to Hawaii IPA's Medical Directors

Robert Sussman M.D., Medical Director for Quality Improvement

Dr. Sussman is a board certified family practice and occupational medicine physician who has developed expertise in medical systems work. As founder and director of the Medical Corner, Dr. Sussman provides urgent care to the people of Oahu. The Medical Corner specializes in corporate medicine and workman's compensation matters. In bringing Bob aboard, the Hawaii IPA has enlisted an expert tasked with maximizing Hawaii IPA's quality and performance program. Going forward, Bob is spearheading the implementation of the medical home movement in our state, collaborating with key healthcare stakeholders on behalf of independent physicians. In coming newsletters, Dr. Sussman will be exploring the nuance of the medical home model and its impact on physician reimbursements.

Josh Green M.D., Medical Director for Organizational Development

Dr. Green is a practicing Emergency Room Physician and healthcare policy expert who joined the Hawaii IPA to focus on the growth of our organization and to implement multiple programs aimed at better informing Hawaii's physician population on the evolution of the healthcare system. Monthly roundtables with noted health experts are facilitated by Dr. Green at the Hawaii IPA headquarters. He serves as editor of the now quarterly newsletter and is a part of the collaborative team focused on the growing medical home movement. Dr. Green also serves as one of Hawaii IPA's liaisons with corporate health directors and administrators statewide.

David Saito M.D., Medical Director for Health Information Exchange Policies

Dr. Saito, a board certified Internal Medicine specialist, has joined the Hawaii IPA as its resident health information exchange liaison. In addition to tending to his busy practice, Dr. Saito is representing the Hawaii IPA's interests as the statewide [Hawaii Health Information Exchange](#) is formed. Few members of the HHIE are practicing physicians and Dr. Saito's early contributions have already been heralded as critical to the formation of a functional HIE.

Health Screening Alert

As we approach the end of HMSA's fiscal year (June 30, 2010), Hawaii IPA is working to ensure that all our patients are kept up-to-date on preventative health screenings. HMSA currently measures performance for breast, cervical and colorectal cancers, heart disease screening, diabetes screenings, pneumococcal vaccinations and first-tier prescribing. Hawaii IPA is taking the lead to ensure that our patients are up-to-date with these preventative measures. High compliance rates among our patients improves their wellness, as well as strengthening Hawaii IPA's ability to provide better resources to our members.

HMSA-produced *Patient Intervention Reports* are sent to all physicians quarterly and allow physicians to see which of their patients are due for **mammograms, PAP smears, Chlamydia tests, HbAC1 and diabetic**

retinal tests and CAD lipid-levels. These reports are also very helpful in determining whether a patient has been assigned to the correct PCP and/or is still in need of a particular screening procedure. Hawaii IPA is assisting physicians to comply with these priority measures and to update and receive real-time data on patients' screening status. It is important to review these reports regularly for patient screening reminders and to report any discrepancies. Partial screening criteria and guidelines can be found on the HMSA website, specifically the [Womens Health Guide](#) (warning .pdf file).

By providing information on healthy living, we're helping to improve the wellness of our patients. We welcome your input in making this program a viable one for physicians and patients alike. Please feel free to contact Dr. Bob Sussman, Medical Director for Medical Quality Improvement or Lisa Konove, Quality & Performance Specialist at the Hawaii IPA office, (808) 738-4472.

Projects being Spear-headed by the Hawaii IPA

Quality and Performance Programs:

The Hawaii IPA remains committed to helping Hawaii's physicians achieve proscribed patient care milestones in their practices. Contractual relationships with healthcare payors provide adequate resources for the Hawaii IPA staff to work on patient compliance and outcome measures. Dr. Robert Sussman is Hawaii IPA's point person on this critical program.

Hawaii Health Information Exchange (HHIE):

Federal appropriations combined with public/private healthcare policy initiatives in Hawaii has created the opportunity for Hawaii to become one of the first states to meaningfully adopt a statewide Health Information Exchange. Dr. David Saito represents the Hawaii IPA on the HHIE board.

Hawaii IPA Healthcare Roundtables:

The Hawaii IPA has begun to hold monthly healthcare policy roundtables at its headquarters in Kaimuki. Initial gatherings have focused on the Medicaid shortfall in Hawaii which threatened to delay Medicaid payments to hospitals and providers by as much as 4 months, and the statewide physician shortage. Our next scheduled roundtable from 5pm-7pm, Wednesday, May 26, and will feature Hawaii's Insurance Commissioner JP Schmidt. Mr. Schmidt will update Hawaii IPA members on the state of health insurance in Hawaii and the impact national healthcare reform may have on our system. Dr. Josh Green serves as moderator for these discussions.

Medical Home:

The Hawaii IPA has begun to collaborate with the healthcare insurance community on the implementation of a medical home based-model for the care of Hawaii's patients. The entire Hawaii IPA team is engaged in this work as it will likely shape the way independent physicians are reimbursed in the future. We encourage all Hawaii IPA members to

aid us in this collaboration as it may prove to have the most profound impact of any healthcare changes, on Hawaii physicians in the coming decades.

Hawaii's Healthcare Outlook - A Message from Dr. Josh Green

In Hawaii we need a clear diagnosis of the healthcare challenges we face, a direct course of treatment, and a realistic prognosis of our healthcare system's long term strength and viability.

Overview

In 2010, Hawaii's people are only assured access to quality, affordable healthcare if they live on Oahu. Excellent physicians reside and practice across the state but severe regional shortages in virtually all disciplines threaten a collapse of the fundamental healthcare infrastructure.

Today, healthcare in Hawaii is itself an 'emergency room' patient that has waited too long for treatment. Inadequate access to care and financially unstable hospitals are disturbing symptoms of a deeper pathology within our healthcare system. We need a clear diagnosis of the problem, a direct course of treatment, and realistic prognosis of our healthcare system's long term strength and viability.

If the healthcare community, working together with state government, does not recognize the severity of the system's current condition and take direct and immediate action, within the next ten years we will likely see already strained services cut further in our community hospitals. If no changes are made, we can expect hospital staff reductions, including the loss of essential care providers like obstetricians and psychiatrists, regular shutdowns due to budget cuts, and eventually permanent hospital closings.

Over the next ten years, Hawaii's neighbor island and rural residents will suffer a severe shortage of access to care, and possibly an irreversible crack in the healthcare system. If we maintain the current course and allow our healthcare system to fail, we may never be able to restore the standard of care that we expect and depend on today.

To read the remainder of this article: [Click Here](#)

Sincerely,

Your Hawaii IPA Team